

State Form 44400 (R7 / 10-13) Approved by State Board of Accounts, 2013

# INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICES SECTION 302 West Washington Street, Room W246 Inclanapolis, IN 45204-2739 http://www.in.gov/dis/firefip\_bs\_comm\_cone/



INSTRUCTIONS: Please refer to the attached four (4) page instructions.  Attach additional pages as needed to complete this application.	Variance number (Assigned by department)			
1 APPLICANT INFORMATION (Person who would be in violation if variance is not granted: use	16-06-07 (d)			
Name of applicant 1	Title			
ELGENE PERRY & HALENIA MYNATT	ankerg			
N.A.	317) 446 1257			
Address (number and street, city, state, and 2IP code)	*			
2 PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by	N 46 158			
Name of applicant	ne applicant). Tite			
Name of organization  Name of organization	ENGNEER ST-PERCORD			
Address (number and street, city, state, and ZIP code)	(317) 443-1901 (c)			
8261 VI BAGE LINE RD. DARAGON	IN 46166			
DESIGN PROFESSIONAL OF RECORD (If applicable)     Name of design professional				
STEPHEN C. HOFFIAN	License number P12 (200   (219)8)			
Name of organization  HOFFMAN F2NGINTERRS, P.C.,  Address (number and street, city, state, and ZIP code)	B17+443-1901 (c)			
9261 W. BAGE LINE RD. PARAGON	10/16/16			
4. PROJECT IDENTIFICATION				
Name of project  WEDDING CHAPIEL WORSHID HOLGE	State project number County			
Address of site (number and street, city, state, and ZIP/code)	3/9/206   MORAN			
Type of project MILKHONSIE JANE MOCRES	142-12			
And the state of t	<b>8</b> Existing			
5. REQUIRED ADDITIONAL INFORMATION	a -nong			
The following required information has been included with this application (check as applicable):				
A check made payable to the Indiana Department of Homeland Security for the appropriate amount				
One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives.				
Written documentation showing that the local fire official has received a copy of the variance applic.  Written documentation showing that the local huilding official has received a copy of the variance and written documentation showing that the local huilding official has received a copy of the variance and written documentation showing that the local huilding official has received a copy of the variance and written documentation showing that the local huilding official has received a copy of the variance application.	ation, 10 FOLLAS			
Written documentation showing that the local building official has received a copy of the variance at SUIGLATION INFORMATION	ippincation. To Follow			
Has the Plan Review Section of the Division of Fire and Building Safety Issued a Correction Order?				
Yes (If yes, attach a copy of the Correction Order.)				
Has a violation been issued?				
Yes (If yes, attach a copy of the Violation and answer the following.)				
☐ Local Building Department ☐ State Fire and Building Code Enforcement Section	☐ Local Fire Department			

7. DESCRIPTION OF REQUESTED VARIANCE	
Name of code or standard and edition involved  BC 2014	Specific pode section CHAPTEL 29 2 TABLE 2902.
Nature of non-compliance (Include a description of spaces, equipment, etc. involved a	s necessary.)
NO PERMANENT TOLLET FACILI	TIES
1	
8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFAR Select one of the following statements:	E WILL BE PROTECTED
Non-compliance with the rule will not be adverse to the public health,	safety or welfare; or
Applicant will undertake alternative actions in fieu of compliance with the public health, safety, or welfare. Explain why alternative actions would	he rule to ensure that granting of the variance will not be adverse to
Facts demonstrating that the above selected statement is true:	**************************************
DORTABLE TOLLER WILL BE	ROUIDED PERSHEET SOFIL
<ol> <li>DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGN Select at least one of the following statements:</li> </ol>	IFICANT STRUCTURE
%- lam.	ty) because of physical limitations of the construction site or its utility services.
	(ty) because of major operational problems in the use of the building or structure. (ty) because of excessive costs of additional or altered construction elements.
Imposition of the rule would prevent the preservation of an architectural	
Facts demonstrating that the above selected statement is true:	
NO EXISTING SEPTIC E/OR	SEXURE FACILITIES ON SITE
OR CLOSE TO SITE 2	
10. STATEMENT OF ACCURACY	
I beneby carry/under penalty of perjury that the information contain	ned in this application is accurate.
	print name  Date of signature (month, day, year)
inignature of design projess on a light application	print name Date of signature (month, day, year)
VICKON GARGE 107	EXPHENC HOFFMINMAN 6 2016
	the applicant's behalf, the applicant must sign the following statement.)
I hereby certify under penalty of perjury that I am aware of this reques	
Signature of applicant Please HUUUMA NUMBER H	o print name  Date of signature (month, day, year)  OLIVIO 1 NUDO 1 3 / 9 / 10
	the transfer of the state of th



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INDIANA DEPARTMENT OF HOMELAND SECURITY
CODE SERVICES SECTION
302 West Washington Street, Room W248
Indianapolis, IN 46204-2739
Intitutivava in gov/dastare/ap bs comm code/



INSTRUCTIONS: Please refer to the attached four (4) page instructions.  Attach additional pages as needed to complete this application.	Variance number (Assigned by department)
	16-06-07(6)
APPLICANT INFORMATION (Person who would be in violation if variance is not granted: use Name of applicant	Jaily this is the owner)  Title ,
ELIGANA PERRY & HALENIA MYNATT	awning
Name of organization $N$ , $A$ .	(317) 446 1251
Address (number and street, city, state, and ZIP code)  Address (number and street, city, state, and ZIP code)  Address (number and street, city, state, and ZIP code)	N (6168)
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by	The second secon
Name of applicant	The
Name of organization  Name of organization	Telephone number
Address (number and street, city, state, and ZIP code)	(317) 443-1901 (c)
8261 M. BASIE LINE RD. PARAGON	IN 46166
3. DESIGN PROFESSIONAL OF RECORD (If applicable)	
Name of design professional	License number
Name of grganization	Telephone number
HOFFWAN ENGINEERS, P.C. Address (number and street, city, state, and ZIP cocie)	1817+443-1901 (c)
95261 W. BAGE LING RD. PARAGON	JIN Afallala
4. PROJECT IDENTIFICATION	
Name of project    Name of project   Name of pro	State project number County, 379 256 MODGAN
3663 MIKHOLSE LANE MODRES	AUE IN
79990	Existing
5. REQUIRED ADDITIONAL INFORMATION	
The following required information has been included with this application (check as applicable):	
A check made payable to the Indiana Department of Homeland Security for the appropriate amou	
One (1) set of plans or drawings and supporting data that describe the area affected by the reque	
Written documentation showing that the local fire official has received a copy of the variance appl	\$ 4 #=#695
Written documentation showing that the local building official has received a copy of the variance	application. To Follow
6. VIOLATION INFORMATION  Has the Plan Review Section of the Division of Fire and Bullding Safety Issued a Correction Order?	
☐ Yes (If yes, attach a copy of the Correction Order.) Ø No	The control of the co
Has a violation been issued?	
Yes (If yes, attach a copy of the Violation and answer the following.) , No Violation issued by:	The state of the s
Local Building Department Section	☐ Local Fire Department

Name of code or standard and edition involved  I M.C. 2012  Nature of non-compliance (Include a description of spaces, equipment, etc. Involved as necessary.)  HVAC [ZQUI] PM [ZNT] NOT PIZZMANTENTY INSTALLED  B. DEMONSTRATION THAT PUBLIC HEALTH. SAFETY, AND WELFARE WILL BE PROTECTED  Select one of the following statements:  Non-compliance with the rule will not be adverse to the public health, safety or welfare; or  Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).  Facts demonstrating that the above selected statement is true:  PORTABLIZ HEATTAK & CACLUS [ZQUI] PMENT WILL BIZUS[ZD]  CN AN "AS NIZIZD IZD" PASIS (SIMILAZ TO TZNT HEATTAK) & CACCUS FOR IZV EAST USIZ)				
HVAC [ZQUIPM [2NT NOT PIZCMANIZNTY] INSTALLIZD  II. DEMONSTRATION THAT PUBLIC HEALTH. CAPETY, AND WELFARE WILL BE PROTECTED  Select one of the following statements:  Non-compliance with the rule will not be adverse to the public health, safety or welfare; or  Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the veriance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).  Facils demonstrating that the above selected statement is trus:  POMABLIZ HRATING & COCCURA [ZQUIPMENT WILL BIZUSIZD COM AN "ASNIZIOED" PASIS (SIMILARTO TIZNT).				
Select one of the following statements:  Non-compliance with the rule will not be adverse to the public health, safety or welfare; or  Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).  Facts demonstrating that the above selected statement is true:  POMOBLIZ HEATING & COOLING IZQUIPMENT WILL BIZUSIZD  CN AN "AS NIZED IZO!" PASIS (SIMILAR TO TIZHT).				
Select one of the following statements:  Non-compliance with the rule will not be adverse to the public health, safety or welfare; or  Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).  Facts demonstrating that the above selected statement is true:  POMOBLIZ HEATING & COOLING IZQUIPMENT WILL BIZUSIZD  CN AN "AS NIZED IZO!" PASIS (SIMILAR TO TIZHT).				
Applicant will undertake alkernative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).  Facts demonstrating that the above selected statement is frue:  PONTABLIZ HEATTING & COCLING F2QUIPMENT WILL BIZUGIZD  CN AN "ASNIZIZOIZO" PASIS (SIMILAR TO TIZNIT				
PONTABLE HEATING & COOLING TROUBLES WILL BE USED  ON AN "AS NEEDED" PASIS (SIMILAR TO TENT				
PORTABLE HEATING & COOLING EQUIPMENT WILLBELDSED ON AN "ASNEEDED" PASIS (SIMILAR TO TENT				
ON AN "ASNEEDED" PASIS (SIMILURITO TENT				
HEATERS & COCKES FOR ENTENT LIGHT				
HEATERS & COCKERS FOR ENTENTINE				
9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE				
Select at least one of the following statements:  Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services.  Imposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the building or structure.  Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.  Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.				
Facts demonstrating that the above selected statement is true:				
THE FACILITY IS SIMILAR TO A TRAIT OR A FAIRGROUNDS				
BLOG THAT WILL BEUSED "AS-15" OR WITH TEXPERIE				
AIR AS NEEDED				
10. STATEMENT OF ACCURACY				
Thereby tertify under penalty of perjuly that the information contained in this application is accurate.				
Signature of appligant or person strong agricultural agri				
STEPHTAL HOFMAN MAR G 2016 SCIENCE OF ORGANIC (If subligable) Stephfau HOFMAN MAR G 2016 Stephfau HOFMAN MAR G 2016 Stephfau HOFFMAN MAR G 201				
STEPHTAL HOFMAN MAR G 2016 Stigngfare of design prefessional (if supplied b)  Please print name  Dete of signature (month, day, year)				
STEPHEN HOFFMAN MAR G 2016 Signaplifie of design prefessional (if explicitle)  Please print name STEPHEN C GOFFMAN MAR G 2016 STEPHEN C GOFFMAN MAR G 2016				



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# INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICES SECTION 302 West Washington Street, Room W248 Indianapolis, IN 46204-2739 http://www.in.gov/dhs/firefg\_bs\_comm\_code/



INSTRUCTIONS: Flease refer to the attached four (4) page instructions.  Attach additional pages as needed to complete this application.	Variance number (Assigned by department)  10-01-07(2)
1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted: usi	ially this is the owner)
Name of applicant ELIGIANIZ PIECEY & HOLENIA MYNATT	awniers
Name of organization N, A,	(317) 446 1257
Address (number and stree), city, state, and ZIP code)  Address (number and stree), city, state, and ZIP code)  Address (number and stree), city, state, and ZIP code)	N 46 158
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by Name of applicant	the applicant) Title
STEPHEN C. HOFFMAN	ENGINEER STREETED
Name of organization '  + 8 F F M A	317 443-1901 Ce)
8261 V4, BAGGE LINE RD., DARAGON	IN 46166
3 DESIGN PROFESSIONAL OF RECORD (If apolicable)	
Name of design professional C. HOFFMAN	License number  P12-60016198
Name of organization  HOFFALAN 2A GINEDAS, P. C.  Address (number and street, city, state, and ZIP code)	B17+443-1901 (C)
GOLGI W. PAGE LINE RD., PARAGO	JIN 96166
4. PROJECT IDENTIFICATION	
Name of project WEDDING CHAPTEL WORSHIP HOUSE	379256 MODGAN
Address of site (number and street, city, state, and ZIP/Soile)  3663 MIKHOLGE MODULES	LUE IN
Type of project  New Addition Alteration Change of occupancy	Existing
5. REQUIRED ADDITIONAL INFORMATION	
The following required information has been included with this application (check as applicable):	
A check made payable to the Indiana Department of Homeland Security for the appropriate amou	
One (1) set of plans or drawings and supporting data that describe the area affected by the reque	April
Written documentation showing that the local fire official has received a copy of the varience app	\$ - \$ · · · · · · · · · · · · · · · · ·
Written documentation showing that the local building official has received a copy of the variance	application. TO FOLLOW
6: VIOLATION INFORMATION  Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order?	
Yes (If yes, attach a copy of the Correction Order.)	
Has a violation been issued?	
Yes (If yes, attach a copy of the Violation and answer the following.)	
Violation issued by:  If I ocal Building Department	☐ Local Fire Department

7 DESCRIPTION OF REQUESTED VARIANCE  Name of code or standard and edition involved  2010 INDIANA FUNDAGY CODE 675 IAC 19-4 90.1 4:2  Nature of non-compliance (Include a description of spaces, equipment, etc. Involved as necessary.)  SPACE IS A BARN \$ IS NOT INSULATED  HVAC EQUIPMENT IS NOT CERTIFIED AS ENERGY EFFICIENT
8. DEMONSTRATION THAT PUBLIC REALTH, SAFETY, AND WELFARE WILL BE PROTECTED  Select one of the following statements:  Non-compliance with the rule will not be adverse to the public health, safety or welfare; or  Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).  Facis demonstrating that the above selected statement is true:  HVAC EQUIPMENT WILL ONLY BIZ USED DURING THE EVISION EWINDING  E WILL BIZ LIMITED TO ONLY WHEN THE BULLDING  IS DECUPIED
Select at least one of the following statements:   imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services.   imposition of the rule would result in an undue hardship (unusual difficulty) because of mejor operational problems in the use of the building or structure.   Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.   Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.   Facis demonstrating that the above selected statement is true:   IMTED UAF OF THE BULLDING WOULD MAKED   INSULATION & PERMANEAT HUAC IZQUI PM FANT   WOLLD PMZCLUPIZ ANY USFZ OF THE BULLDING   EXGRIPT IN GOO- 75° WEATHER CASSUMING OTHER   STATEMENT OF AGGURACY
I hereby certify under penalty of perjuny that the information contained in this application is accurate.  Signature for spull status or person application. Please print name    Date of signature (month, day, year)



# INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICES SECTION 302 West Washington Street, Room W248 Indianapolis, IN 45204-2739 http://www.in.gov/chs/fire/fig\_bs\_comm\_code/



INSTRUCTIONS: Please refer to the attached four (4) page instructions, Attach additional pages as needed to complete this application.	Variance number (Assigned by department)  16-06-07(d)
1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usi	
Neme of applicant PERRY & HOLENIA MYNATT	THIS OWN FERG
Name of organization N, A,	317) 446 1251
Address (number and street, city, state, and ZIP code)  1 4 000CKW RD MODULE 1:	1 46 158
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by	the applicant)
Name of applicant OTEPHEN C: HOFFMAN	ENGNEER GFREERD
Name of organization   HOFFIAA FANGINEERS P.C.  Address (number and street, city, state, and ZIP code)	317 443-1901 G
8261 VY, BASIE LINE RD., PARAGON	IN 46166
3. DESIGN PROFESSIONAL OF RECORD (If applicable)	
Name of design professional OTROPER C. HOFFMAN	D12-60016(88
Name of organization  HOFON AN 120 GINFARS, P.C.,  Address (number and street, city, state, and ZIP code)	B17+443-1901 (c)
Address (number and street, city, state, and ZIP code)  97261 W. RAGE UNG RD., PARAGO	N IN afollow
4. PROJECT IDENTIFICATION	
Name of project WEDDING CHAPTEL WORSHIP HOLES	State project number County, 379,256 MORGAN
Address of site (number and street, city, state, and 21P.50 vie)  3663 MUKHOWSE LANE MODRES	MUEIN
Type of protect  New Addition Alteration Change of occupancy	☑ Existing
New Addition Alteration Change of occupancy  5. REQUIRED ADDITIONAL INFORMATION	SEE LAISHIN
The following required information has been included with this application (check as applicable):	
A check made payable to the Indiana Department of Homeland Security for the appropriate emo	unt. (s <del>ee Instructions</del> )
One (1) set of plans or drawings and supporting data that describe the erea affected by the requi	ested variance and any proposed alternatives.
Written documentation showing that the local his official has received a copy of the variance app	-
Written documentation showing that the local building official has received a copy of the variance	application. To Foliau
6. VIGLATION INFORMATION  Has the Plan Review Section of the Division of Fire and Bullding Safety Issued a Correction Order?	
Yes (If yes, attach a copy of the Correction Order.)	
Has a violation been issued?	
Yes (If yes, attach a copy of the Violation and answer the following.)	
Violation Issued by:	Local Fire Department

7. DESCRIPTION OF REQUESTED VARIANCE.  Name of code or standard and edition involved  Specific code section
IECC SECTION 5,17.1
Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.)  ENERGY COMPLIANCE REPORT SLANTED & SEALED BY
THE DESIGN PROF. OF RECORD
8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED Select one of the following statements:
Non-compliance with the rule will not be adverse to the public health, safety or welfare; or
Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).
Facts demonstrating that the above selected statement is true:  IF VARIANCE C IS APPROVIDED THIS BECOMES MOST.
IF VAIMANCE C 15 APPRIORIZED ITTS BIZZONIZES MOOI.
9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE. Select at least one of the following statements:
Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services.  Imposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the building or structure.
Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or attered construction elements.
Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.  Facts demonstrating that the above selected statement is true:
SEE VAMANOE C
JUE VANARIOR G
arts.
10. SPATEMENT OF ACCURACY
I hereby certify finite penalty of perjupy that the information contained in this application is accurate.
Signature of application of the property of the property of the CHOFMAN MALCO 2016
Please print name Please print
(1. STATEMENT OF AVARENESS of the application is submitted on the applicant a hehalf, the applicant must sign the following statement.)
I hereby certify under penalty of perjulpy that I am aware of this request for variance and that this application is being submitted on my behalf.    Date of signature (nonth, day, year)
Signature of applicant  Please print name  Date of signature (month, day, year)  Thursday And Control of Annual Control



State Form 44400 (R7 / 10-13) Approved by State Board of Accounts, 2013

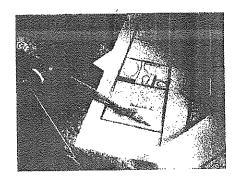
## INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICES SECTION

302 West Washington Street, Room W246 Indianapolis, IN 46204-2739 http://www.in.cov/dhs/fire/fc\_bs\_comm\_code/



Variance number (Assigned by department) INSTRUCTIONS: Please refer to the attached four (4) page instructions. Attach additional pages as needed to complete this application. 16-06-07 (2) APPLICANT INFORMATION (Person who would be in violation if variance is not granted: usually this is the owner) 1G/24/12 Name of organization Address (number and street, city, state, and ZIP code) Name of applicant Name of A PROJECT IDENTIFICATION State project number Count **Existing** Alteration Change of occupancy ☐ Addition New R REQUIRED ADDITIONAL INFORMATION The following required information has been included with this application (check as applicable): A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions) One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives. Written documentation showing that the local fire official has received a copy of the variance application. To FOLLOW Mritten documentation showing that the local building official has received a copy of the variance application. To Follow 8 VIOLATION INFORMATION Has the Plan Review Section of the Division of Fire and Building Safety Issued a Correction Order? Yes (If yes, attach a copy of the Correction Order.) Has a violation been issued? Yes (If yes, attach a copy of the Violation and answer the following.) Violation Issued by: State Fire and Building Code Enforcement Section Local Fire Department [] Local Building Department

7. DESCRIPTION OF REQUESTED VARIANCE  Name of code or standard and addition involved.    Specific code section /
TECC 5,4,3,4
Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary.)  BUILDING DOTES NOT HAVE AN TENCHOSED VESTIBULE
AT THE MAIN ENTRANCE.
8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED
Selections of the following statements:
Non-compliance with the rule will not be adverse to the public health, safety or welfare; or  Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to
public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).  Facts demonstrating that the above selected statement is true:
THE USE OF THE BUILDING, IS LIMITED & SPORADIC AND ONLY FOR A FEW HOURS AT A TIME. ADDITION
AND ONLY FOR A FEW HOURS AT A TIME. ADDITION
BRODUCE THE BUILDING MATERIALS THAN WOULD BE
SAVED BY THE VESTIBULE AIRLOCK
DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE     Select at least one of the following statements:
Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services.
Imposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the building or structure.  Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.
Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.
Facts demonstrating that the above selected statement is true:
ADDITION OF VESTIBULE WOULD NOT BE OF YAWE AS THE USAGE IS SMALL
VALUE ASTHE UALLES SINAL
10. STATIMENT OF ACCURACY
I hereby certify under penalty of perjury that the information contained in this application is accurate.    Detection of perjury that the information contained in this application is accurate.
Signardie of application place of signature (month, day, year)  Signature of dollage and essignature (month, day, year)  Signature of dollage and essignature (month, day, year)
Signature of acting professional (inabdication)  Please print name  Date of signature (month, day, year)
11. STATEMENT OF AWARENESS If the application is submitted on the applicant's bedalf, the applicant must sign the following statement)
I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.
Signature of applicant Please print name Date of signature (month, day, year)
I g Hallener Mynorth Haliena Mynatt 13/9/16



March 6, 2016

# HOFFMAN ENGINEERS, P.C.

8261 W. BASE LINE ROAD
PARAGON, INDIANA 46166
765-537-2991 FAX: 765-537-2992
<u>steve@hoffmanengineers.com</u>
www.hoffmanengineers.com

"GLOBAL COMMITMENT WITH A MAIN STREET ATTITUDE"

Indiana Department of Homeland Security Fire & Building Safety Plan Review

Re: Variance Requests for Wedding Chapel Project # 379256

Please see the attached Variance Requests. Please send hearing date to <a href="mailto:steve@hoffmanengineers.com">steve@hoffmanengineers.com</a>

Your consideration is appreciated.

Thank you

Stephen C. Hoffman PE

Would you like to reduce your turnaround time

ELECTRONICALLY FILE YOUR PROJECT WITH STATE OF INDIANA at http://www.in.gov/dhs/2650.htm. This on-line filing is through a secure sits, you can use it to submit your project information, pay the fees and upload your project plans. Use Internet Browser to View this report, other browsers are not compatible to view this report

Project Number

Receipt No.

RFI Date



# REQUEST FOR ADDITIONAL

/%		`	379256	0	08/03/2015	
Telle	DEPARTMENT OF HOMELAND SECURITY PLAN REVIEW DIVISION		Construction type	Occupa	ancy classification	
402 West Washington Street  Room E245 Indianapolis, IN 46204		Scope of release requested				
seistespressed are same			Type of release requested			
REPORT PRINTED ON;		951366	Project Name		A CONTRACTOR OF THE PROPERTY O	
ot Owner / Architect / Engineer FAX: 7655372992  Iofiman Engineers PC Itephen Clement Hoffman PES0016188 261 Baseline Road		Wedding Chapal Worship House				
		Street address				
		3683 E Milkhouse Lans				
aragon IN 46166			City		County	
teve@hoffmanenginesre	.com		Mooresville		MORGAN	
We are holding the above	a referenced protect from further review and relea	se for the	reasons indicated below	·		

1 :	NOTE: A late filing fee of \$300.00 is due on this project.	CHECK.	ATTACHED	

- 1450903212: An automatic sprinkler system shall be provided for Group A-2 occupancies in accordance with Section 903.2.1.2, ISC (675 2 IAC 13-2.6),NOTE: This project is classified as a Group A, Division 2 occupancy per Section 303.8, IBC. NoT
- 14B2902 : Plumbing facilities shall be provided in accordance with Chapter 29 and Table 2962.1, IBC (675 IAC 13-2.6) MOTE: The use of portable facilities requires a variance or permanent facilities shall be provided.
- : NOTE: Interior spaces intended for human occupancy shall be provided with active or passive space-heating systems capable of maintaining a minimum indoor temperature of 68 degrees F et a point 3 feet above the floor in accordance with Section 309, IMC
- 10C: The current Energy Code for this project is the 2010 Indiana Energy Conservation Code (676 IAC 19-4) consisting of ASHFAE Standard 90.1, 2007 edition, as amended by the State of Indiana.NOTE: Required for building envelope and mechanical. 5
- 10CS71: For construction projects filed for which a design professional IS required and where energy conservation details are required an Energy Compliance Report SIGNED AND SEALED by the design professional of record shall be submitted in accordance with Section 6 MANG 8.7.1, IECC (675 IAC 19-4).
- 10C5434 : Building main entrance(s) that separate conditioned spaces from the exterior shall be protected with an enclosed vestibule in accordance with Section 5.4.3.4, IECC (675 IAC 19-4).

RETURN THIS SHEET along with a minimum of 1 set of the corrected plans as soon as possible to the Code Review Official in order for us to continue processing your plans. If corrected plans and specifications are not received within 30 days of this request the application will be subject to denial by the Branch Director, Code Enforcement and Pian Review in accordance with Section 12, GAR 875 IAC 12-6-12 (b). IMMEDIATE ATTENTION AND RESPONSE IS REQUIRED.

Any questions concerning this matter should be addressed to the Code Review Official.

#### Indiana Register

- (3) Renumber exception 5 to read exception 2 and delete, "and combination fire/smoke dampers".
- (q) Amend Section 717.5.4, Fire partitions, Exception 4, by adding in the last sentence after "terminals", except that flexible air connectors not exceeding five foot in length are permitted, provided no outlet or inlet terminals are provided for a distance on each side of the wall(s) equal to at least four duct-equivalent diameters".
- (r) Amend Section 717.5.5, Smoke barriers, by deleting the text of the exception and inserting to read as follows: Smoke dampers shall not be required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems in smoke compartments protected throughout with quick response sprinklers.
- (s) Amend Section 718.2.4, Stairways, by deleting the text and inserting to read as follows: Fire blocking shall be provided in concealed spaces between stair stringers at the top and bottom of the run and between stude along and in line with the run of stairs, if the walls under the stairs are unfinished, and shall comply with the requirements of Section 1009.9.3.
- (t) Amend Section 722.3.4, Concrete masonry lintels, by deleting "by approved alternate methods" and inserting "as approved by the building official".
- (u) Amend Section 722.3.5, Concrete masonry columns, by deleting "by approved alternate methods" and inserting "as approved by the building official".

(Fire Prevention and Building Safety Commission; <u>675 IAC 13-26-8</u>; filed Aug 1, 2014, 11:12 a.m.: <u>20140827-IR-675130339FRA</u>, eff Dec 1, 2014)

#### 675 IAC 13-2.6-9 Chapter 8; Interior finishes

Authority: IC 22-13-2-2; IC 22-13-2-13

Affected: IC 22-12; IC 22-13; IC 22-14; IC 22-15; IC 36-7

- Sec. 9. Chapter 8 is amended as follows: (a) Delete Section 801.5, Applicability, without substitution,
- (b) Amend footnote "b" under Table 803.9, Interior wall and ceiling finish requirements by occupancy, by deleting "I-2" and inserting "I-3".
- (c) Amend Section 806, Decorative materials and trim, by deleting the text in its entirety, and inserting "See the Indiana Fire Code (675 IAC 22)".

(Fire Prevention and Building Safety Commission; <u>675 IAC 13-2.6-9</u>; filed Aug 1, 2014, 11:12 a.m.: <u>20140827-IR-675130339FRA</u>, eff Dec 1, 2014)



675 IAC 13-2.6-10 Chapter 9; fire protection systems

Authority: IC 22-13-2-2; IC 22-13-2-13

Affected: IC 22-11-18; IC 22-12; IC 22-13; IC 22-14; IC 22-15; IC 36-7

- Sec. 10. Chapter 9 is amended as follows: (a) Amend Section 901.3, Modifications, by deleting the text and inserting to read as follows: No person shall remove or modify any fire protection system installed or maintained in accordance with the rules of the commission without notifying the servicing fire department prior to receiving approval from the building official.
- (b) Amend Section 901.5, Acceptance tests, by deleting the text and inserting to read as follows: 901.5 Acceptance tests. Fire protection systems shall be tested in accordance with the rules of the commission at the expense of the owner or owner's representative. When requested by the building official, such tests shall be conducted in in the building official's presence. Prior to conducting such tests, the local building official shall be given at least 48-hours notice. It shall be unlawful to occupy portions of a structure until

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Indiana Register

the required fire protection systems within that portion of the structure have been completed, successfully tested, and fully operational with appropriate contractor's material and test certificates filled out in full and provided to the building official.

(c) Amend Section 903.2.1.3, Group A-3, as follows:

(1) Add Exception 1 to read as follows: Fire areas not exceeding 7,000 square feet (650.3 m2) used primarily for worship with or without fixed seating and not used for exhibition or display, and the fire area is not located on a floor level other than that of exit discharge.

- (2) Add Exception 2 to read as follows: The fire area is located on a floor other than the level of exit discharge. For purposes of determining the level of exit discharge, mezzanines of 2,000 s.f. or less in area in compliance with Section 505 shall be considered a portion of the story below if the total floor area and occupant load, including the mezzanine, are compliant with both conditions (1) and (2).
- (d) Delete Section 903.2.2, Ambulatory care facilities, without substitution.
- (e) Amend Section 903.2.6, Group f, by adding Exception 5 to read as follows: 5. In jails, prisons, and reformatories, the piping system may be dry, provided a manually operated valve is installed at a continuously monitored location such that opening the valve will cause the system to be charged. The valve may be located in a locked cabinet or enclosure provided the activation of a sprinkler unlocks the cabinet or enclosure.
- (f) Amend Section 903.2.7, Group M, item number 4, by deleting the text and inserting to read as follows: A Group M fire area that contains more than 5,000 square feet (464 m<sup>2</sup>) of floor area used predominately for the display and sale of upholstered furniture or mattresses.
- (g) Amend Section 903.2.10, Group S-2 enclosed parking garages, by deleting "406.4" and inserting "406.6".
- (h) Amend Section 903.2,8 to add an exception as follows: Exception: Where a 13D sprinkler system is provided for an R-3 occupancy under Section 903.2.8.1, and an automatic sprinkler system is not otherwise required in other portions of the building, only the R3 occupancy is required to be provided with an automatic sprinkler system.
- (i) Amend Section 903.2.11.1.3, Basements, by deleting the text and inserting to read as follows: Where any portion of a basement is located more than 75 feet (22,800 mm) from openings required by Section 903.2.11.1, the basement shall be equipped throughout with an approved automatic sprinkler system.
- (j) Amend Section 903.3.1.1, NFPA 13 sprinkler systems, by deleting the text and inserting to read as follows: Where the provisions of this code require that a building or portion thereof be equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1, sprinklers shall be installed throughout in accordance with NFPA 13 (675 IAC 28-1-5) except as provided in Section 903.3.1.1.1.
  - (k) Amend Section 903.3.1.1.1, Exempt locations as follows:

(1) In item 2, delete ", when approved by the fire code official" without substitution.

- (2) In item 4, delete the text and insert to read as follows: Elevator equipment rooms and hoistways used exclusively for the operation of elevators and that are separated from the remainder of the building by two (2) hour fire-resistive construction. Penetrations between machine rooms and holstways necessary for the safe operation of an elevator, and vents required by Section 3004 of this code need not be fire-rated.
- (I) Amend Section 903.3.1.2, NFPA 13R sprinkler systems, by deleting "o" after "Group".
- (m) Amend Section 903.3.5.1.1, Limited area sprinkler systems, in the exception, by deleting "An approved" and inserting "A listed".



State Form 44400 (R7 / 10-13) Approved by State Board of Accounts, 2013

# INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICES SECTION

302 West Washington Street, Room W245 Indianapolis, IN 46204-2739 http://www.in.gov/dhs/fire/fp\_bs\_comm\_code/



INSTRUCTIONS: Please refer to the attached four (4) page instructions.  Attach additional pages as needed to complete this application.	Variance number (Assigned by department)  16-06-67 (f)
1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usi	
Place Parcy Stalland My Watt	Teleohone number
Name of organization A.A.	1317-446-1257
Address trumber and street, city, state, and ZIP code)	46138
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by	(he applicant) Title
Name of applicant  STEPHEN C. HOFFMAN	ENGINIGER DE REZON
Name of Granization LOGGNAN [ZNG] N [ZF225] P.C.	37+443-1901 (c)
Address (number and street, city, state, and ZIP code)  8261 W. BAGELINE DOMAGON	in 46160
3. DESIGN PROFESSIONAL OF RECORD (If applicable)	License number
Name of design professional  TEPHEN C HONGENAN	PEGOOLGES
Name of organization 1: HOFFWAR TONGWERES, P.C.	817-443-1901
Address (number and street, city, state, and ZIP code)	12GO) IN 46166
4. PROJECT IDENTIFICATION	
Name of project WIRDOING CHAPPEL WORDSHIP HOR	State project number County
Address of sile (number and street, city, state, and ZIP code)  Address of sile (number and street, city, state, and ZIP code)	
Type of project	,
☐ New ☐ Addition ☐ Alteration ☐ Change of occupancy	Existing
5. REQUIRED ADDITIONAL INFORMATION  The following required information has been included with this application (check as applicable):	
A check made payable to the Indiana Department of Homeland Security for the appropriate amo	unt, (see Instructions)
One (1) set of plans or drawings and supporting data that describe the area affected by the requ	
Written documentation showing that the local fire official has received a copy of the variance app	
Written documentation showing that the local building official has received a copy of the variance	s application.
6. VIOLATION INFORMATION  Has the Plan Review Section of the Division of Fire and Building Safety Issued a Correction Order?	<u>. 1900. <b>186</b>0. 1860. 1</u>
☐ Yes (If yes, attach a copy of the Correction Order.) ✓ No	
Has a violation been issued?  Yes (If yes, attach a copy of the Violation and answer the following.)  No	
Violation issued by:	1 Local Fire Department
☐ Local Building Department ☐ State Fire and Building Code Enforcement Section	2 Li Contai Ci O Se de la Ministra

7: DESCRIPTION OF REQUESTED VARIANCE
Name of code or stundard and addition involved  Specific code section  Specific code section  903.2.1.2 ± 303.3
Nature of non-compilance (Include a description of spaces, equipment, etc. Involved as necessary.)
A-2 occupancy
. 8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED.
Select one of the following statements:
Non-compliance with the rule will not be adverse to the public health, safety or welfare; or
Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).
Facts demonstrating that the above solected statement is true:
BULLDING IS SMALL, EVENTS ARE SMALL & THERE ARE
4 EXIE FRAMPULANG.
THERE ARE NO COCKING FACILITIES
THERE ARE NO DESTROOMS 401 DOWN WHERE
g. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE Select at least one of the following statements:
Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services.
Imposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the building or structure.
imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.
imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.  Facts demonstrating that the above selected statement is true:
ADEQUATE SUPPLY OF WATER IS NOT AVAILABLE AT
A REAGONABUE DISTANCE (OVER GOOF) FROM
Parudina
an statement of angurace
I hereby self-ry under penalty of perjyry that the information contained in this application is accurate.
Signature of post-more operation program (Pisase print name)  Date of signature month risk year)
LOUDING THAT TOOKS CHOTENAN LO MAY 16
Signature of Design professional (if adjustified)  Please print name  Date of signature (meditin, day, year)  CONTROL OF MAY  Designature (meditin, day, year)
P. STATEMENT OF AVARENESS of accoplication as obmitted on the conficants benefit the applicant must signate following statement):
I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.
Sprature of explicant . Please print name Date of signature (Inunto, day, year)
Haliena Mynesto Haliena Monat 5.26.16

ELECTRONICALLY FILE YOUR PROJECT WITH STATE OF INDIANA at <a href="http://www.in.gov/dhsi2558.htm">http://www.in.gov/dhsi2558.htm</a>.
This on-line filling is through a secure site, you can use it to submit your project information, pay the fees and upload your project plans. Use Internet Browser to View this report, other browsers are not competible to view this report

Project Number



## REQUEST FOR ADDITIONAL INFORMATION

DEPARTMENT OF HOMELAND SECURITY PLAN REVIEW DIVISION 402 West Washington Street Room E245 Indianapolis, IN 46204

Occupancy classification
ested
hip House
Gounty MORGAN

Receipt No.

Û

RFI Date

08/03/2015

REPORT PRINTED ON: 08/03/2015

To: Owner / Architect / Engineer

FAX: 7865872592

Hoffman Engineers PC Stephen Clement Hoffman PE60016188 8261 Beseline Road Paragon IN 45156

stave@holfmanenglneers.com

We are holding the above reterenced project from further review and release for the reasons indicated below:

1	: NOTE: A late filling fee of \$300,00 is due on this project. CHECK ATTACHED / AALASTE
2	1480903212: An automatic sprinkler system shall be provided for Group A-2 occupancies in accordance with Section 903.21.2; IsC (679 IAC 13-2.6).NOTE: This project is classified as a Group A, Division 2 occupancy per Section 203.3, IBC, NOTE (420 D) SELE ATTAC
3	14B2902; Flumbing facilities shall be provided in accordance with Chapter 29 and Table 2932.1, IBC (875 IAC 13-2.6) HOTE: The use of portable facilities requires a variance or permanent facilities shall be provided.
ď.	NOTE: Interior spaces intended for human occupancy shall be provided with active or passive space-heating systems capable of methodicing a minimum indoor temperature of 68 degrees F at a point 3 feat above the floor in accordance with Section 309, IMC ACLA VET methodicing a minimum indoor temperature of 68 degrees F at a point 3 feat above the floor in accordance with Section 309, IMC ACLA VET in the first two states of the section of ASHBAE.
5	10C : The current Energy Code for this project is the 2010 Indiana Energy Conservation Code (675 IAC 19-4) consisting of ASHRAE Standard 90.1, 2007 edition, as amended by the State of Indiana. HOTE: Regulard for building envelope and mechanical.
6	19C571: For construction projects filed for which a deskin professional iS required and where energy conservation details are required an Energy Compiliance Report SIGNED AND SEALED by the design professional of record shall be submitted in accordance with Section 5.7.1, IECC (675 IAC 18-4).

accordance with Section 5.4.3.4, IEGC (875 IAC 19-4). RETURN THIS SHEET along with a minimum of 1 set of the corrected plans as soon as possible to the Code Review Official in order for us to continue processing your plans. If corrected plans and specifications are not received within 30 days of this request the application will be subject to denial by the Branch-Director, Code Enforcement and Plan Review in accordance with Section 12, GAR 675 IAC 12-6-12 (b). IMMEDIATE ATTENTION AND EXECUTABLE OF DENIMEDIA.

10C5434 : Sullding mein enhance(s) that separate conditioned spaces from the extention shall be protected with an enclosed vestibility in

Any questions concerning this matter should be addressed to the Cexie Review Official.

ATTENTION AND RESPONSE IS REQUIRED.